

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic Services

Provided: No limitations With limitations*
 Not provided.

10. Dental Services

Provided: No limitations With limitations*
 Not provided.

11. Physical Therapy and related services

a. Physical therapy

Provided: No limitations With limitations*
 Not provided.

b. Occupational therapy

Provided: No limitations With limitations*
 Not provided.

c. Services for individuals with speech, hearing, and language disorders (provider by or under the supervision of a speech pathologist or audiologist).

Provided: No limitations With limitations*
 Not provided.

TN No. SPA #	Approval Date
Supersedes	
TN No. SPA #402	Effective Date